California Institute for Mental Health "Prevention Programs for Parental Depression: An Idea Whose Time Has Come" 2 August 2006

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Depression Is . . .

- a family calamity, often profoundly misunderstood.
- a rearrangement of neurotransmitter function.
- a chronic smoldering illness.
- often the result of social injustice and adversity.
- a DSM-IV diagnosis.

Component Studies

1979 - 1985:	Risk Assessment - Children of Parents with Mood Disorders
1983 - 1987:	Resiliency Studies and Intervention Development
1989 - 1991:	Pilot Comparison of Public Health Interventions
1991 - 2000:	Randomized Trial Comparing Psychoeducational Family Interventions for Depression
1998:	Narrative Reconstruction
2000:	Efficacy to Effectiveness

Depression's Effects Occur at Four Levels:

- The Individual Level
- The Family Level
- Healthcare System Level
- Community Level

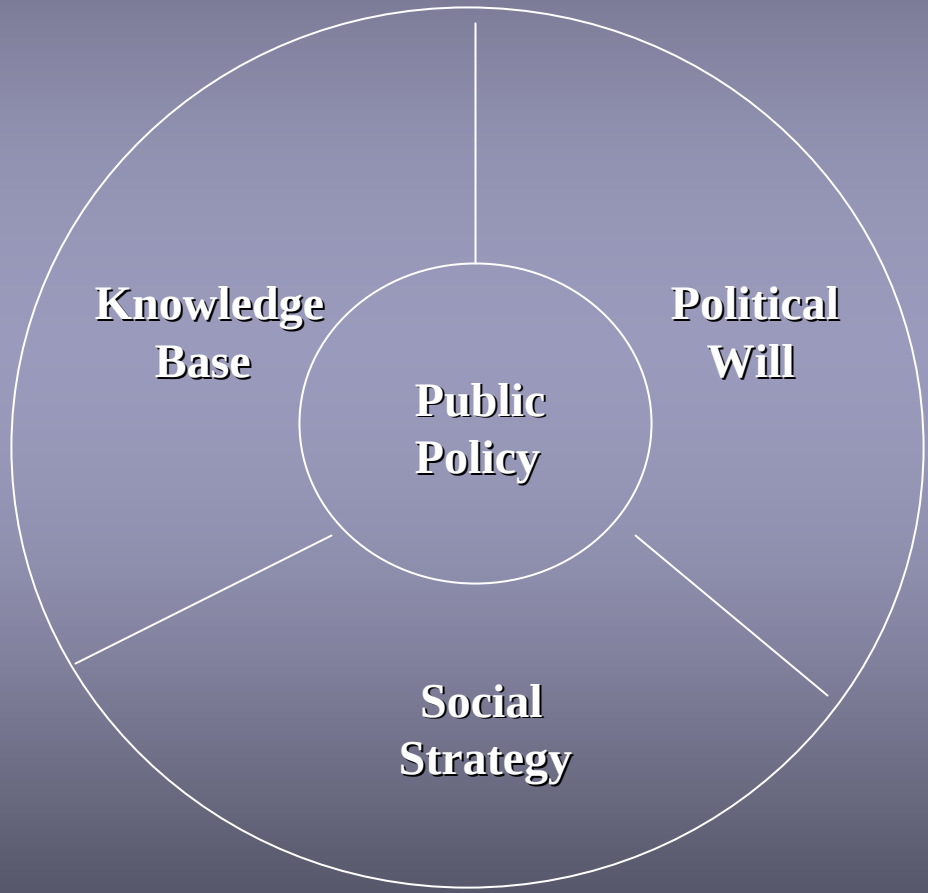
Depression in Parents – Target and Setting

- No home in terms of one profession taking responsibility
- Families with depression present in many different care settings
- Tremendous cultural sensitivity required – but this also provides tremendous opportunity
- Parental depression is the explanatory concept in many other non mental health outcomes

Depression in Parents – Evidence Base

- Rapidly developing knowledge base
- Excellent studies of treatment
- Sound understanding of mechanisms of risk and resilience
- Promising prevention studies
- Sound experience in effective dissemination in other areas
- Huge gap between knowledge of treatment and wide-scale implementation
- Significant opportunity for large-scale programs

The Richmond Model



Risk Factors for the Onset of Depression

- Having a parent or other close biological relative with a mood disorder.
- Having a severe stressor such as a loss, divorce, marital separation, unemployment, job dissatisfaction, a physical disorder such as a chronic medical condition, a traumatic experience, or in children, a learning disorder.
- Having low self-esteem, a sense of low self-efficacy, and a sense of helplessness and hopelessness.
- Being female.
- Living in poverty.
- Historical trauma.

Characteristics of Resilient Youth

- Activities - Intense Involvement in Age Appropriate Developmental Challenges - in School, Work, Community, Religion, and Culture
- Relationships - Deep Commitment to Interpersonal Relationships - Family, Peers, and Adults Outside the Family
- Self-Understanding - Self-Reflection and Understanding in Action

Resilience in Caregivers

- Deep commitment to the work
- Providing hope
- Teaching skills
- Taking care of one's self and family
- Taking care of each other in web of relationships

Resilience in Community

- Long term shared vision for children's future
- Cooperation among agencies to share different, complementary skills for a greater common purpose
- Observing rituals that commemorate past and show the path to the future
- Mourning past sorrows together safely, and moving on

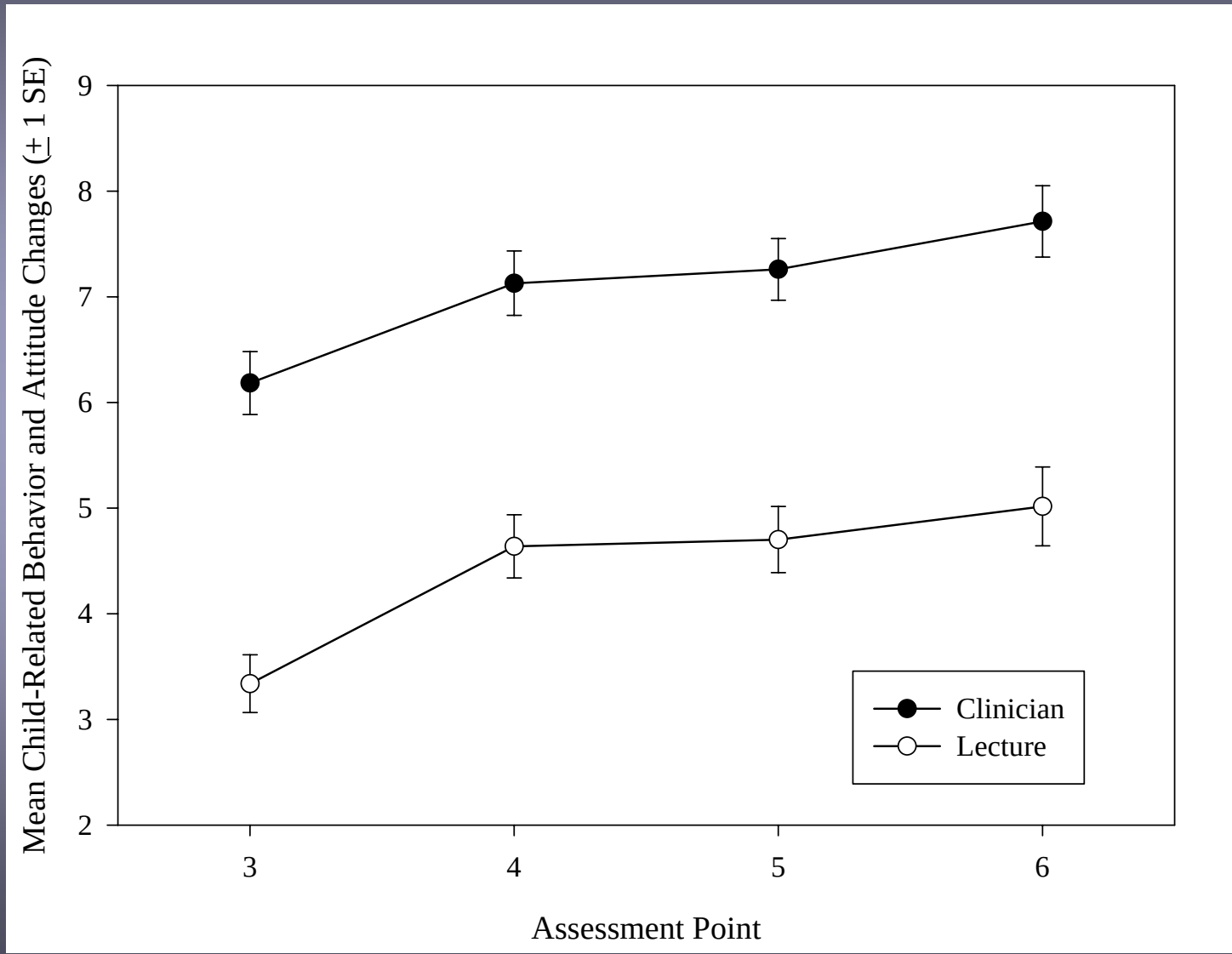
Criteria for Intervention Development

1. Compatible with a range of theoretical orientations and to be used by a wide range of health care practitioners
2. Strong cognitive orientation
3. Inclusion of a family as a whole
4. Integration of the different experiences of a family, that is, parents and child(ren)
5. Developmental perspective

Core Elements of the Intervention

1. Assessment of all family members
2. Presentation of psychoeducational material (e.g., affective disorder, child risk, and child resilience)
3. Linkage of psychoeducational material to the family's life experience
4. Decreasing feelings of guilt and blame in the children
5. Helping the children develop relationships (inside and outside the family) to facilitate independent functioning in school and in activities outside the home

Figure 1. Average Adult Child-Related Behavior and Attitude Changes By Group Across Time



Five Different Implementations of Family Depression Approach

1. Randomized trial pilot – Dorchester for single parent families of color
2. Development of a program for Latino families
3. Large scale country wide implementation – Finland
4. Head Start – Program for parental adversity / depression
5. Blackfeet Nation – Head Start

Dorchester – Conceptualization and Implementation

1. Conceptualization
2. Implementation
    - Community
    - Caregivers
    - Families

Dorchester – Strategies

3. Strategies
    - A. Modifications in Intervention Delivery
    - B. Building an Alliance
    - C. Flexibility and More Intensive Services
    - D. Reconceptualization of Depression and Modification of Didactic Content
    - E. Emphasis on Parenting
    - F. Focus on Resilience

Latino Adaptation

- *Familismo*
- Allocentric orientation
- Kinds of separation in immigrant families
- Differing involvement of parents and children in the mainstream culture

Enhancing Cultural Sensitivity to Research and Intervention Protocols

"Research is made culturally sensitive through a continuing and open-ended series of substantive and methodological insertions and adaptations designed to mesh the process of inquiry with the cultural characteristics of the group being studied, to the collection of data and translation of instruments, to the instrumentation of measures, and to the analysis and interpretation of the data (p.99)."

Rogler cited in Padilla & Lindhom (1995)

Finland – Phase I

- Support from central Health Ministry
- Support from Finnish Academy of Science
- Public health campaigns for clinician leaders / administrators
- General public health campaigns

Finland – Phase II

Master Trainer Program

- Plan to train master trainers in pairs
- 17 days per year, 3 year training program
- 2 years to be fully trained – a third year to be certified as a Master Trainer
- Certification of over 20 master trainers
- Use of original manual and rewritten manual

Finland – Phase II

Training

- Expansion of families to include families with severely ill children
- Expansion to include medical illness
- Additional curricula:
  - child development/parenting education
  - child psychiatric assessment and referral
  - child protection

The Family Connections Approach

1. Foster engagement with Head Start among depressed parents
2. Emphasize the positive ways that all parents can enhance their parenting and their interactions with Head Start
3. Incorporate a program for getting appropriate treatment
4. Enhance parents' and children's classroom interactions through consultation, teaching and support for Head Start staff.

Core Elements and Key Strategies

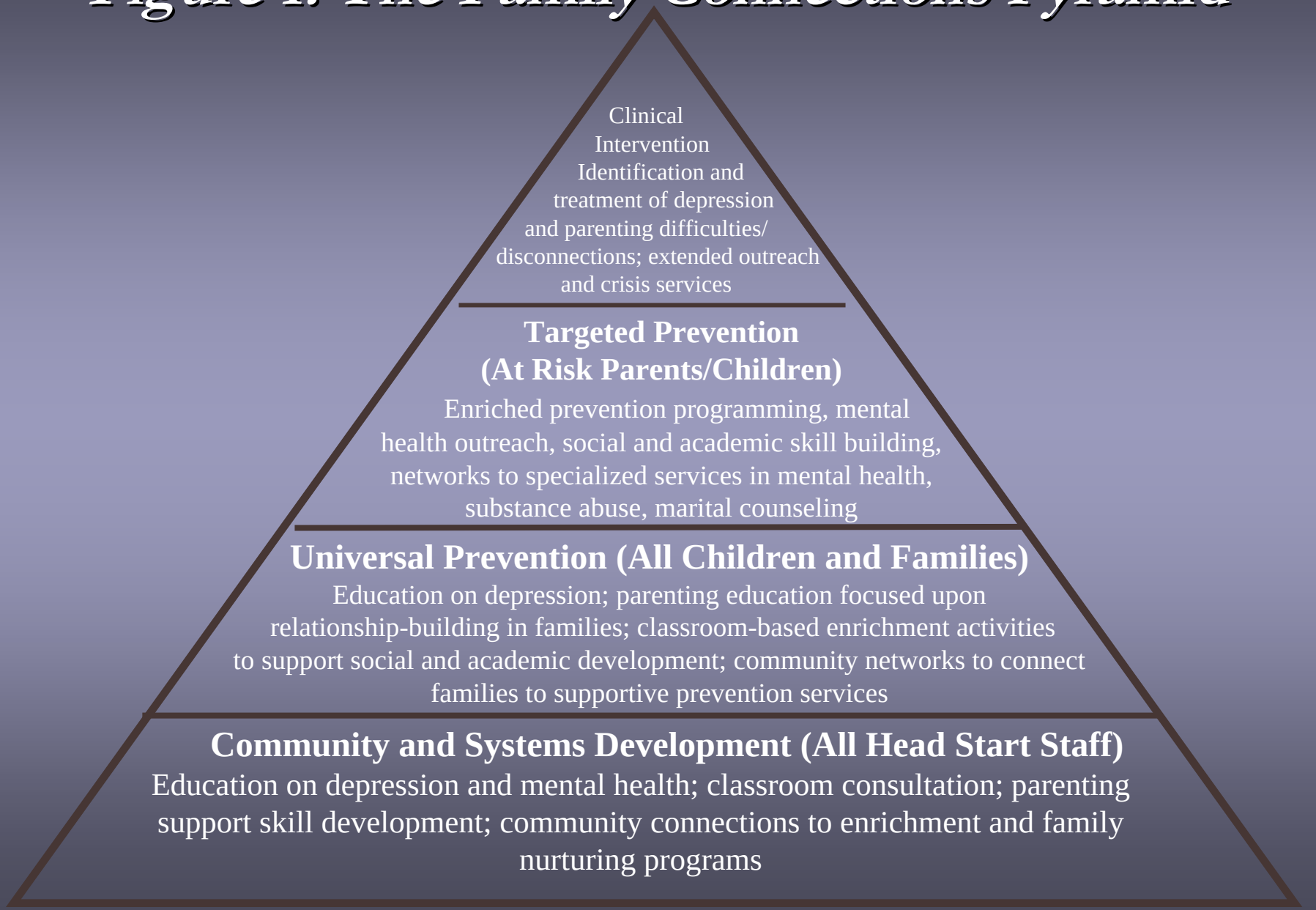
Core Elements in Both:

- providing hope
- developing family understanding of depression
- enhancing child and family resilience
- reform for treatment as needed
- engagement with health care systems

Key New Strategies in Family Connections:

- younger age (0-5)
- Head Start center-based
- primary intervention with teachers
- focus not just on parent-child interactions but on
  - child to child interactions
  - teacher to child interactions
  - teacher to class interactions
- 0-5 child development knowledge base

Figure 1: The Family Connections Pyramid



Recommendations I - Support for Staff / Caregivers

1. Shared creation of intervention
2. Provision for specific identifiable strategies (getting treatment for parent or child, teaching, encouraging, positive interaction)
3. Support for one another
4. Time and space for shared reflection
5. Encouragement to look at systems and successes or failures
6. Supporting for other caregivers

Prevention of Depression - Summary

1. Depression is a family and an interpersonal illness.
2. Cognitive behavioral and psychoeducational approaches offer considerable promise.
3. Risk factors need to be addressed.
4. Specific risk factors for depression:
   a. parental/sibling/first degree relative depression
   b. pessimistic cognitive style
5. Powerful risk factors not specific for depression alone:
   a. poverty; exposure to violence; social isolation; undergoing loss (bereavement; job loss)

Key Dissemination Principles

1. Reach depressed parents through strengthening their parenting.
2. Place programs for recognition and treatment of parental depression and prevention for the family in the context and setting where parents receive other care and where they can receive help with parenting; involve multiple settings and flexible approaches.
3. Recognize that depression is an identifier of a constellation of life adversities - poverty, social isolation, exposure to violence – and be willing to address these where necessary.
4. Consider culturally competent family educational approaches for large public health interventions.